KAAD Care LTD

Sydni Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 1 June 2017. The inspection was announced. We gave the provider 48 hours' notice of our inspection. This was to make sure we could meet with the manager of the service and care workers on the day of our inspection.

Sydni Centre (also known as Lotus Care) is a domiciliary care service which is registered to provide personal care support to people in their own homes. At the time of our visit the service supported 155 people with personal care and employed 63 care workers.

A new manager had joined the service on the day of our inspection. The manager told us they were planning to submit an application to us so they can be 'registered'. A requirement of the provider's registration is that they have a registered manager. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their care visits from care workers they knew. Care calls were consistently made at, and for the length of the time agreed. There were enough care workers to provide all planned care visits to meet people's needs effectively and people were satisfied with the service they received.

Staff had been recruited safely and received a comprehensive induction when they began working at the service to prepare them for their role. Care workers received training the provider considered essential to meet people's needs. Care workers practices were regularly checked to make sure they worked in line with the provider's policies and procedures.

People and relatives told us they felt safe using the service. Risks to people's safety were assessed. However, some risk assessments lacked the detail care workers needed to ensure they kept people and themselves safe. Known risks were not always recorded in care plans. Action was being taken to address this. Despite the omissions in records care workers understood the risks associated with people's care and how these should be managed.

The provider had developed systems to gather feedback from people so they could use the information to improve the quality of the service provided. People saw health professionals when needed. Support was given to people who required help with eating and drinking. Systems were in place to manage people's medicines safely and staff had received training to do this.

The manager understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People made their own decisions about their care and support. Care workers gained people's consent before they provided personal care and respected people's decisions. Staff had been trained to understand how to protect people from abuse.

People's privacy and dignity was respected by care workers. Where possible, care workers encouraged people to be independent. People told us care workers had a caring attitude and had the right skills and experience to provide the care and support required.

People were involved in how their care and support was planned and delivered. Care records provided staff with information about people's backgrounds, preferences and needs to enable them to provide personalised care and build relationships with people.

The provider had established procedures to check and monitor the quality and safety of the service people received. However, these were not always effective and required further improvement.

Staff felt supported and valued by the management team who were accessible and responsive. Complaints were managed in line with the provider's policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe with care workers. Staff were recruited safely and there were enough care workers to provide people's planned care calls. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. Risks to people's safety were assessed. Some risk assessments lacked information and known risks had not been recorded in care plans. Action was being taken to address this. Despite omissions in records care worker demonstrated they understood the risks related to people's care. There were procedures for administering medicines and staff were trained to do this.

Is the service effective?

Good

The service was effective.

The manager understood their responsibilities under the Mental Capacity Act 2005. People's capacity to make decisions was established and recorded and care workers gained people's consent before care was provided. Care workers had been inducted into the service and had completed training the provider considered essential to ensure they had the knowledge and skills to deliver safe and effective care to people. Care workers supported people with their nutritional needs and to access health care when needed.

Is the service caring?

Good

The service was caring.

People were supported by care workers who were caring and respectful. Care workers had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by care workers who showed respect for people's privacy and dignity. The provider promoted the well-being of people and staff.

Is the service responsive?

Good

The service was responsive.

People received their care calls at the times they needed from care workers they knew and who understood their individual needs. People were involved in planning their care. Care plans were personalised and informed care workers how people preferred their care and support to be provided. Complaints were managed in line with the provider procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Staff felt supported by a management team who were accessible and approachable The provider's processes to assess and monitor the quality and safety of the service people received required improvement. People who used the service were able to contact the management team at any time. People were given opportunities to share their views about the service and improvements were made in response to their feedback.

Sydni Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before we visited Sydni Centre (also known as Lotus Care) we reviewed the information we held about the service, including, the statutory notifications the service had sent to us and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information in the PIR during our inspection and found it reflected how the service operated. A statutory notification is information about important events which the provider is required to send to us by law.

We also contacted commissioners of the service to find out their views of the service provided. Commissioners are people who contract care and support services provided to people. They had no further information to tell us that we were not already aware of.

We conducted telephone interviews with 16 people who used the service and four relatives to obtain their views of the service they received.

The office visit took place on 1 June 2017 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers.

The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of care service. Our expert by experience had experience of older people and dementia care.

During our visit we spoke with three care workers, the field supervisor, a care coordinator, the training officer, the recruitment officer, the acting deputy manager, the new manager and the provider.

We reviewed five people's care records and daily records to see how their care and support was planned and

delivered. We checked three staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required.

We also checked medicine records, complaints, and the provider's own checks to ensure the service operated safely and effectively to provide quality care to people.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe with the staff who provided their care. People told us they did feel safe. Typical responses from people to our question were, "Oh yes, I feel safe, no problems they [care workers] are all very good." And, "The carers make me feel safe…" Relatives agreed. One explained their family member felt safe because they knew only the care workers who visited them had access to the key to enter their home. People and relatives knew who to speak to if they didn't feel safe; they told us they would speak with their care worker or the office staff.

The provider's recruitment process ensured risks to people's safety were minimised because they ensured, as far as possible, only staff of suitable character were employed. The staff member responsible for recruitment obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about potential employees. The DBS is a national agency that keeps records of criminal convictions. Care workers told us they had to wait for checks and references to come through before they started working at the service.

There were enough care workers available to ensure people received all their planned care visits. One person told us, "I have never ever had a missed call." The person told us they had been using the service for over 12 months. Another person said, "If my regular carer is off they [service] send another carer that I know." The manager and co-ordinator told us there was sufficient staff to cover all the calls people required.

The provider used an electronic system for scheduling calls to people. This showed care calls were allocated to regular care workers at set times. The system recorded the times care workers had arrived and left people's homes. This information was used to ensure staff had stayed the length of time agreed. In addition, the system alerted office staff if care workers hadn't arrived at the call as planned. The acting deputy manager explained this enabled office staff to contact the care worker to find out the reason why, and make arrangements to cover the call if the care worker was delayed.

There was a procedure to identify and manage risks associated with people's care. The acting deputy manager told us people had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. Records confirmed this.

Care workers demonstrated they knew about the risks associated with providing care and support to the people they visited and what to do to manage the risk. One care worker told us, "It's our responsibility to keep people and ourselves safe." They gave a recent example of the actions they had taken following completion of a visual check which showed a piece of equipment, needed to support a person to move around their bed safely, had 'signs of wear on the seam'. They said, "I rang the office straight away because it could be dangerous for [person's name] and us." The care worker told us office staff had dealt with their report promptly and a new sling was delivered to the person's home the next day. Care workers told us there were risk assessments in people's homes for them to follow.

Most risk assessments gave care workers the information needed to manage identified risks to keep people

and themselves safe. For example, one person was at high risk of their skin becoming damaged because they were not able to move their body on their own. The person's care plan detailed the number of staff required to support the person to move safely and the specific equipment to be used. The plan informed staff, "…sling stays in situ. Please ensure it is smooth and there are no creases underneath." This was because creases could rub against the person's skin and cause skin damage.

However, we found other risk assessments were not sufficiently detailed and some known risks had not been not been added to people's care records. For example, an epilepsy risk assessment for one person stated, "[Person's name] suffers seizures and may have a seizure at any time while carers are present. Carers are to keep [person's name] safe and away from any objects. Carers to talk to [person's name] during seizures." There was no further information on the person care file. For example, the type of seizures the person may experience, possible triggers and specific actions care workers needed to take. We were concerned this meant care worker did not have the detailed information they need to keep the person safe in the event of them having a seizure. We discussed our concerns with the manager and acting deputy manager who took immediate action. This included reviewing and updating the care files for people who had been diagnosed with epilepsy and the scheduling of meetings with all staff who supported these people to discuss managing individual risk.

The provider operated an 'out of hours' system to ensure a member of the management team was available if people or care workers needed advice or guidance outside of 'normal' office hours. One person told us, "I've got a number to call at weekends or in the evening if I need to talk to the office." Care workers told us the 'on call' system worked well. One described their experience of using the 'out of hours' system as 'effective'. They said, "You get a good response. They [management] know what they're talking about." Records showed the senior person 'on call' logged all calls received on a 'handover' so important information, such as staff absences or if a person needed a GP, was shared from the day shift to the on call and from the on call to the day shift. This meant oncoming staff had up to date information and any required actions could be taken.

The provider protected people from the risk of abuse and safeguarded people from harm. Staff regularly attended safeguarding training which included information on how people may experience abuse. One care worker told us, "Abuse can be physical, sexual, even ignoring someone can be abuse. You have to be alert." We gave care workers different scenarios where people might be placed at harm and asked them what they would do. For each of the safeguarding scenarios care workers responded that they would contact the office to inform them of their concerns, and they would expect the office staff to act on this.

Care workers told us the provider had a 'whistleblowing' procedure which they felt confident to use. One said, "If the whistle needed to be blowing, believe me I would blow it." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. The manager and provider understood their responsibilities to report, and had reported potential abuse of people to the local authority. This meant any allegations of abuse could be investigated correctly.

We looked at how medicines were managed by the service. Most people told us they managed, or received support from a family member to manage their medicine. Where care workers supported people with their medicines this was recorded in the person's care plan. One person told us, My medication is never late." Care workers told us, they had received training to administer medicines and had their competency regularly checked to ensure they continued to do this safely.

Care workers documented in people's records when medicines had been given and signed a medicine

administration record (MAR) to confirm this. MARs we viewed showed medicines had been administered and signed for at the specified time. Some people were prescribed creams and lotions (topical medicines) which care workers applied to people's skin. The new manager had identified the procedure for recording topical creams and lotions on MARs needed improvement, and was implementing a separate document for staff to record when they applied topical medicines. Completed MARs were returned to the office monthly for auditing.

Monthly medicines audits were completed by the management team to ensure people had been given the right medicines at the right times. The acting deputy manager told us the medicines audit form was being further developed to ensure it covered all areas of medicines management. Audits stated when recording issues had been identified discussions with the relevant care worker had taken place and actions agreed. However, when we asked to see minutes of these meetings we were told they were not recorded. The acting deputy manager told us they would ensure further meetings were recorded.

Accidents and incidents were logged and appropriate action was taken to reduce the risk of them happening again. The manager told us the process to monitor for trends or patterns in accidents and incidents which took place were being further developed.

Good

Is the service effective?

Our findings

People and relatives told us care workers had the knowledge and skills needed to meet their needs. One person said, "The staff are very good. They know what they are doing." The person went on to explain, with the person's consent, a new carer worker had undertaken a care call as part of their induction training. The person said, "They [care worker] was so professional and knew what to do." The person added, "I contacted the office and told them I would like this carer to come here to care for me and they agreed."

Care workers told us they had an induction when they started working at the service. This included attending training the provider considered essential to meet the needs of people using the service and working alongside more experienced members of staff before working unsupervised in people's homes. One care worker told us this was their first job in the care sector. They said, "My induction training, and being able to do shadow shifts was great. I learnt so much and I got to meet the people I would be supporting and they got to meet me. If I hadn't done so much on induction I don't know how I would have coped." They added," [Care workers name] who I shadowed was brilliant. They gave me their number and said any problems at all just call me. How supportive is that."

The services training officer told us they delivered the induction for new staff which followed the principles of the 'Care Certificate'. The Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The training officer had completed the training required to train other staff, such as 'train the trainer' for moving and handling people and held a 'Certificate in Education and Training'.

The provider kept a record of staff training, which included dates when training was due to be renewed. The training officer confirmed staff received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration, safeguarding adults and equality and diversity. One care worker told us they used the learning gained from training to ensure they respected people's cultural needs, for example when providing assistance with personal care. They said, "I hadn't realised different people like things done in a certain way. It's very important to them because of their beliefs." Staff also received training in specific conditions such as dementia. This was to ensure people received care from staff that understood their medical conditions. One care worker described the training they received as, "First class."

Staff told us they had regular one to one meetings (supervision) with their line manager, which they said were positive and helped them be more confident and more effective in carrying out their role. A recently recruited care worker told us how they used their supervision to discuss their performance and progress in their role. They said, "It's really important to me to complete my probationary period, because I love this job and want to stay. So the feedback I got re-assured me I was on the right track." Another commented, "I've only been here a couple of months and I've had two (supervisions) and I've had spot checks (observed supervision). I think it's very good."

Records showed senior staff regularly observed care workers providing care, with people's agreement. Senior staff checked this was done according to the provider's policies and procedures, and that the care provided was of a good quality.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager understood the relevant requirements and their responsibilities under the Act. They confirmed no one using the service at the time of our visit had restrictions on their liberty; however they were aware of when this may be applicable for people. The acting deputy manager told us all the people using the service had capacity to consent to their care and could make every day decisions' in regard to how they wanted their care provided. Care records confirmed this.

People and relatives told us care workers asked their permission before providing care and support. One person told us, "My carers never do anything without talking and agreeing it with me first." We saw people's consent had been obtained and recorded, for example, to allow staff to use people's key safes to gain entry to their homes. A key safe is a strong metal box in which a key can be securely stored. The key can only be accessed with a security code.

Staff understood the principles of the MCA and had received training to help them understand the Act. One care worker told us, "All the people I visit have capacity to make decisions…one person sometimes refuses medication and to shower. I try to encourage them but you can't force them. I always ask for their consent before I do anything." The field supervisor told us they were responsible for completing initial assessments when the service commenced. They said, "I assess people's understanding during our initial assessment. If there are any concerns about understanding or capacity I would contact the social worker and family and arrange another meeting."

We asked people if care workers supported them with their meals and drinks. People who required support told us, "The carers help with my meals and I choice what I want to eat." And, "Quite often they will show me what's in the fridge and ask what I fancy and they always leave a drink by my side." Care plans contained detailed instructions for staff to follow about people's food preferences. For example, gluten free and vegetarian diets.

Where needed people were supported to manage their health conditions and had access to health care services if required. People told us they mainly managed, or were supported by a family member to manage their day to day healthcare needs. Care workers knew to contact the office if they had concerns about a person's health and the office staff would contact the relevant healthcare professional or relative. One care worker shared they had telephoned the office because on arrival at a care call they had found a person to be 'very poorly'. They said, "The office rang for the ambulance and I waited with [person's name] until the ambulance arrived. The office let the family know so they could get to the hospital."

Good

Is the service caring?

Our findings

People and relatives spoke positively about the care workers who supported them. We were told, "The carers are excellent, very careful and cheerful. They always ask if they can do anything else for me." "They [care workers] are friendly and respectful, they are informal, but in a good way. I feel they are very good." And, "…the carers do have a caring attitude…are very thorough…they are fun, they make me laugh, and I feel they look after me."

Most people we asked said they were involved in planning and reviewing their care and had a care plan. One person told us, "The agency asked me and my family what I wanted, then they did the plan." A relative explained if their family member's needs changed this was discussed with them, agreed and the care plan was updated. Some people could not remember being involved in planning their care and whether they had a care plan, but they knew care workers 'wrote everything down on the sheet' and said they received the care and support they needed.

People told us their privacy and dignity was respected by care workers. A relative told us their family member personal care was provided 'with privacy and care'. Care workers told us how they upheld people's privacy and treated people with respect. One said, "I always ask if they want to wash their bottom bits themselves if they are able to and I make sure curtains or doors are closed when people use the bathroom." Another told us, "Privacy and dignity is in my mind at every call. I'm mindful of making sure they [people] are comfortable and don't feel embarrassed. I always put myself in their [people's] shoes and think how I would feel."

We asked care workers what being 'caring' meant to them. One told us, "It's about making sure I do everything the service users [people] need. Not just the tasks, but having a chat and making them smile. I have to be confident when I walk away that they [people] are ok and that I have done my very best for them." They added, "I like to think I have left a little bit of me with them every time."

Care workers told us the management team were caring and approachable and that they felt valued. One said, "It a very friendly service to work for, they [office staff] are very accommodating and really understanding. They make you feel valued." Another commented, "I have been here four months, it's a very supportive team, they make you feel welcome." A third staff member told us, "The thing is they [management] care about us as well as the service users [people]."

People told us they were supported to maintain their independence and the support they received was flexible to their needs. One person explained their support needs changed on a daily basis. They said, "So every day the carer asks me if I need help with anything. Sometimes I say yes, but I say no if I feel I can do it myself." Another person described how care workers 'patience' enabled them to maintain a level of independence. They said, "They never rush me. They say, don't worry just take your time." The person told us this was important to them. Care plans included information about what people could do for themselves, for example, 'I like to wash myself when I can and help me when I can't do it myself.'

Care workers told us they had enough time allocated for care calls to encourage people to do things for themselves. One care workers described how they encouraged people's independence. They said, "Rather than taking over and doing everything I involve them [people] by giving encouragement and verbal prompts. Obviously, if I need to do a task I will but you see how pleased they [people] feel when they can do it themselves."

Good

Is the service responsive?

Our findings

During our last inspection people told us they did not always receive their care call at the times they needed and from care workers they knew.

At this visit when we asked people and relatives about the consistency of their care workers and care call visit times we were told improvements had been made. Comments made included, "At first I never knew who was coming, but now I have a regular one [care worker]…" "I have a small team of carers. I know them all and they know me. I am really happy." And, "The carers are very good and very reliable. They arrive on time, know how I like things done and have never missed a call."

We looked at the call schedules and rotas for five people and for the care workers who visited them. These showed people were allocated regular care workers where possible at set call times. Call schedules showed staff were also allocated travel time between calls so they could arrive around the time expected.

Prior to our office visit one person told us their call times were inconsistent and could vary up to a two hour time difference. We looked at this person's call schedule and the log book completed by care workers at each visit. These showed care workers did arrived at different times. We discussed this with the care coordinator who explained the allocated time for the person's call was 11 am and whilst the service knew the person would prefer an earlier call this could not be accommodated at present. The coordinator went on to explain the different call times occurred because care workers knew the person preferred an earlier call so when possible they would visit before 11 am to accommodate this preference. The coordinator added, "As soon as we have a slot the time will be changed permanently."

At our last inspection we found people and their relatives were not always satisfied with way their concerns and complaints were managed. During this visit we checked whether this had improved.

We asked people if they had ever had cause to complain about the service. Two people we spoke with had complained. One told us this was because there was a 'misunderstanding'. They went on to tell us they phoned the office to discuss this and, "It is all cleared up now." The second person said they had complained because they did not have a number to contact the 'out of hours' service which they needed on an occasion when a carer worker was late. They confirmed a member of the management team had provided the contact number which the person was pleased about. Records showed other concerns raised via satisfaction surveys had been managed in line with the provider's complaint procedure.

We saw information about how to make a complaint was detailed in the 'Service User Guide' which was given to people when their service started.

Care workers told us they understood the importance of supporting people if they had a complaint. One told us, "The most important thing for us is that they [people] are happy. I would try and sort things, but I would always tell the manager." Records showed when people contacted the office with minor concerns or when their call was late these were recorded in the person's 'journal' in the electronic care system. We saw records

included the action taken to address the concern.
The service also kept a record of compliments. Recent compliments received from people, included, "Cant praise [care workers name] enough. They always go above and beyond.", "Your girls are all gorgeous... They are helpful and kind." And, "They are excellent [care workers]."

Care workers had a good understanding of people's care and support needs. They told us this was because they visited the same people and read the information contained in care plans. One said, "You need continuity. By going to the same service users [people] you talk to them and get to know them and what's important to them. You build a rapport. You learn to laugh together. It's lovely." Care workers were kept up to date about any changes in people's care needs. One told us, "They [office staff] will text or phone to let you know about any changes so you are aware before visiting the person." They added, "And, if we note any changes we are responsible for informing the office so the care plan can be updated."

We looked at the care records for five people. People had signed their care plans to confirm they had been involved in planning and reviewing their care and support. Care plans were person centred and contained information about people's backgrounds, needs and preferences so staff could support them in ways they preferred. Plans contained clear instructions for care workers about what to do on each visit. For example; what personal care people required and how staff should support people who required assistance or equipment to move safely. The provider told us, "The care plans have been written so the way they read and feel is absorbed by the carers."

Some people had health conditions where the support they required fluctuated depending on how the person was feeling on the day. Care plans reflected this, for example, 'Care staff to use a rotunda on a good day and a stand hoist on a bad day'. There were explicit instructions for care workers about how use the equipment and move the person safely. Records of calls completed by care workers confirmed these instructions had been followed.

Requires Improvement

Is the service well-led?

Our findings

Since our last inspection the registered manager had resigned from their position. However, a new experienced manager had been appointed and joined the service on the day of our visit. They said they were applying for registration with us.

The new manager told us prior to taking up their post they undertaken a number of 'pop in' visits to the service to meet with the provider and office staff and to begin to familiarise themselves with the way the service operated. The manager told us they had already identified, 'things we need to tighten up and basics we need to get right' and were planning to complete an internal risk assessment so they had a clear overview of all aspects of the service. The manager explained the 'risk assessment' would be used to devise a 'quality improvement plan', the aim being to, 'always strive to improve and achieve better outcomes' and achieve an 'outstanding' CQC rating.

Since our inspection the manager has provided us with a copy of their completed 'Risk Assessment And Improvement Plan' which clearly details the areas reviewed, actions planned and timescales for action to be completed and by whom.

The provider completed regular audits and checks to monitor the quality and safety of the service. These included checks to ensure medicine records were accurate, recruitment was safe, and care records were up to date. However, we found shortfalls in audits since the previous registered manager left in the service in March 2017. For example, care plans audits had not been identified recording omissions we noted during our visit and medicine audits did contain sufficient detail to shows which areas of medicines management, and whose medicine records had been checked. We discussed this with the acting deputy manager and new manager who told us these issues had already been identified and action to address these shortfalls was being planned.

Management checks to monitor that care calls had been undertaken were not consistently completed. The provider's electronic system alerted office staff if care workers had not arrived at the care visit within the agreed time. On the day of inspection we saw several calls on the system were showing as overdue. The co-ordinator told us these calls were mainly to people who did not use the electronic call system. However, we identified overdue calls for people who did use the system. The acting manager, whilst able to give assurance these calls had been completed, told us the system was monitored by out of hour's staff in the evenings and weekends, but was not continually monitored during the day. We were concerned no one at the service had identified these calls were overdue until we asked about them. We discussed this with the new manager who assured us this would be addressed. They added, "Scheduling and allocation of calls is one of the most important aspects of domiciliary care. If you get this right people who use the service are happy and there are less complaints. I will be looking at the scheduling system to make sure its effective."

At our last inspection we found people had different experiences of the quality of the service they received. Some people were satisfied, whilst others told us the inconsistency of call times and care workers and the absence of a response from office staff when these concerns were raised was a cause of service

dissatisfaction.

During this visit people spoke positively about the service they received which showed the required improvements had been made. We were told, "I am happy, yes, happy with the service." "It is a well organised organisation." And, "I find the office staff very helpful, bright and cheerful."
The provider told us they had been 'eager' to hear what people had told us during this inspection and were very pleased with people's positive comments. They said, "Everyone has worked very hard to make the improvements since the last inspection and it is reassuring to get this feedback." They added, "We will continue and are committed to doing anything we need to do to improve things for our service users [People] and staff."

Previously we identified the provider had not always responded to people's feedback about the service by making improvements.

At this inspection records confirmed the provider had gathered feedback from people in March 2017 via a 'Quality Monitoring Service User Survey'. Where people had made suggestions about areas for improvement the provider had sent a personalised letter 'thanking' the person for taking the time to complete the survey, and informing them of the action taken, or planned to address their suggestion. For example, one person was concerned about the amount of time they spent in bed due to the time of their care call being later than they would like. The person was dependent upon care workers to assist them to get in and out of bed. The provider had responded by changing the person's call time which they confirmed in writing and through a telephone discussion with the person.

The provider understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications and completed the provider information return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated. The provider had also added a link on their website to the services latest CQC inspection report and displayed the rating in the office. This ensured the public had information about the services rating which is a legal requirement.

Staff told us they felt supported by the management team. There were regular meetings for office staff to discuss the service and staff meetings which were called 'Cake and catch up' meetings. One care worker described these meetings as 'very good'. They explained this was because they could openly discuss issues and were 'encouraged' to share any problems or concerns or ideas. All meetings were recorded so any actions required could be followed up on. At the last staff meeting in March 2017 minutes showed the provider 'thanked' staff for their hard work and on-going support.

Care workers told us they also received management support via regular telephone calls and text messages. One said, "They [management] are so approachable and supportive. I've never had that in other jobs. They are always sending a quick text just to check you are ok and they have time for you." They added, "Once I came into the office upset and I got a hug and a cup of tea."

All staff told us they 'enjoyed' working for the service and that it was managed well. They said communication from the office worked well and that they were kept up to date about changes in people's care and changes in policies. None of the staff we spoke with could think of anything that could be improved. Comments included, "They treat you really well," And, "We have an open door policy, you can call in and speak to someone [office staff] at any time. Everything works well." Another care worker told us, "I would recommend this service to anyone, both to work for and to use the service. I think its brilliant and we provide a very good standard of care."